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indicated unless correct maintenance fee notifica	ed below or directed of tions.	herwise in Block I, by (a) specifying a new corre	espondence address; and	Vor (b) indicating a sep	arate "FEE ADDRESS" for
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	TABIN & FLAN SALLE STREET	NERY	I h Sta add trai	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
CHICAGO, IL 60603-3406				Stephen S. Favakeh (Depositor's name)		
				/Stephen S. Favakeh/ (Signature)		
				April 8, 2010 (Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R AT	FORNEY DOCKET NO.	CONFIRMATION NO.
10/692,460 10/22/2003		Gregory Berrevoets	ets 7115/79722		7241	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0 7	\$1055	04/12/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	J		
NEGRELLI, C		3733	606-253000			Wegg program on a series on a construction and a co
"Fee Address" ind	ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address' 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Pioneer Surgical Technology, Inc. Marquette, Michigan						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 2 Corporation or other private group entity 1 Government						
and the second s	o small entity discount p	ermitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 061135 (enclose an extra copy of this form).			
~ ~	SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no lor			
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_	/Stephen S		***************************************	Date April		***************************************
Typed or printed name Stephen S. Favakeh Registration No. 36,798						
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